

APPLICATION DATA SHEET

Application Information	
Application Number::	
Filing Date::	Herewith
Application Type::	Regular
Subject Matter::	Utility
Suggested Classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R::	None
Number of CD disks::	
Number of Copies of CDs::	
Sequence Submission?::	Paper
Computer Readable Form (CRF)?::	Yes
Number of Copies of CRF::	1
Title::	CHIMERIC EBOLA VIRUS ENVELOPES AND USES THEREFOR
Attorney Docket Number::	UPN-O2811USA
Request for Early Publication?	No
Request for Non-Publication?	No
Suggested Drawing Figure::	
Total Drawing Sheets::	3
Small Entity::	Yes
Latin name::	
Variety denomination name	
Petition Included::	No
Petition Type	
Licensed US Govt. Agency::	
Contract or Grant Number::	
Secrecy Order in Parent Application::	No

Applicant Information	
Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	James
Middle Name::	M.
Family Name::	Wilson
Name Suffix::	
City of Residence::	Gladwyne
State or Province of Residence::	PA
Country of Residence::	US
Street of Mailing Address::	1350 N. Avignon Drive
City of Mailing Address::	Gladwyne
State or Province of Mailing Address::	PA
Country of Mailing Address::	US
Postal or Zip Code of Mailing Address::	19035

Applicant Information	
Applicant Authority Type::	Inventor
Primary Citizenship Country::	CA
Status::	Full Capacity
Given Name::	Maria
Middle Name::	Fe C.
Family Name::	Medina
Name Suffix::	
City of Residence::	Hamilton
State or Province of Residence::	Ontario
Country of Residence::	CA
Street of Mailing Address::	100 Main Street East, Apt. 2803
City of Mailing Address::	Hamilton
State or Province of Mailing Address::	Ontario
Country of Mailing Address::	CA
Postal or Zip Code of Mailing Address::	L8N3W7

Applicant Information	
Applicant Authority Type::	Inventor
Primary Citizenship Country::	CA
Status::	Full Capacity
Given Name::	Gary
Middle Name::	
Family Name::	Kobinger
Name Suffix::	
City of Residence::	Philadelphia
State or Province of Residence::	PA
Country of Residence::	US
Street of Mailing Address::	2049B Bainbridge Street
City of Mailing Address::	Philadelphia
State or Province of Mailing Address::	PA
Country of Mailing Address::	US
Postal or Zip Code of Mailing Address::	19146

Correspondence Information	
Correspondence Customer Number::	00270
Name::	Howson and Howson
Street of Mailing Address	Spring House Corporate Center, Box 457
City of Mailing Address	Spring House
State or Province of Mailing Address	PA
Country of Mailing Address	US
Postal or Zip Code of Mailing Address::	19477
Phone Number::	215-540-9200
Fax Number::	215-540-5818
E-Mail Address::	ckodroff@howsonandhowson.com

Representative Information		
Representative Customer No. 00270	Registration Number	Name

Domestic Priority Information			
Application	Continuity Type	Parent Application	Parent Filing Date
This Application	National Stage of	PCT/US03/11494	04/28/03
PCT/US03/11494	An application claiming the benefit under 35 USC 119(e)	60/376,480	04/30/02
PCT/US03/11494	An application claiming the benefit under 35 USC 119(e)	60/385,704	06/04/02
PCT/US03/11494	An application claiming the benefit under 35 USC 119(e)	60/427,752	11/20/02

Foreign Priority Information			
Country	Application Number	Filing Date	Priority Claimed

Assignee Information	
Assignee Name::	The Trustees of the University of Pennsylvania
Street of Mailing Address::	3160 Chestnut Street, Suite 200
City of Mailing Address::	Philadelphia
State or Province of Mailing Address::	PA
Country of Mailing Address::	US
Postal or Zip Code of Mailing Address::	19104-6283